



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Bill Ritter, Jr., Governor • Joan Henneberry, Executive Director

Legislative Update, Week of March 5, 2010

Senate Bill 167, sponsored by Senator Boyd and Representative Riesberg, was heard before the Senate Health and Human Services Committee on Wednesday, March 3rd, and due to time constraints was continued on Thursday, March 4th. This proposal combines a number of efficiencies aimed at strengthening our programs and processes in Medicaid. Some elements include: a state false claims act, which allows the Department to achieve a greater share from Qui Tam (whistleblower) and overpayment recoveries paid by the federal government; a National Correct Coding Initiative that will automatically check provider claim requests to determine if they include contradictory service codes, which will help mitigate a time-consuming and complicated review process which locates the error after the fact; and an internal audit unit to assure compliance with the Department's many responsibilities to the state and federal government. The proposal passed on a 4:3 vote and was sent to Appropriations Committee.

Also on Wednesday, SB10-169 was heard before the Senate Committee on Health and Human Services. For the 2009-10 and 2010-11 state fiscal years, the bill authorizes the amount of increased federal financial participation, pursuant to the federal "American Recovery and Reinvestment Act of 2009" or other federal act, generated from appropriations out of the hospital provider fee cash fund to be used to offset other general fund appropriations for Medicaid services. The bill recognizes that moneys in the health care expansion fund have been used to offset general fund expenditures for Medicaid services. The bill specifies that the first \$41.4 million of increased federal financial participation shall be transferred to the health care expansion fund and that any amount in excess of \$41.4 million be appropriated for Medicaid services. It passed out of committee and was sent to Appropriations.

SB10-002, Concerning the Denial of Benefits by Health Coverage Plans, sponsored by Senators Steadman and Keller and Representatives Looper and Primavera, passed this week out of Senate Health and Human Services Committee and was sent to the Appropriations Committee. This bill came out of the Interim Committee on the Developmentally Disabled Waiting List, and addressed concerns regarding denial of benefits by insurance carriers.

Also on Thursday, SB10-115, Concerning the Authority of Licensed Health Care Facilities to Redeem Unused Medications, sponsored by Senator Tochtrop and Representative Primavera, passed out of the Senate Health and Human Services Committee on a vote of 11:0. This proposal deletes the requirement that medications be donated by a patient, resident, or the patient's or resident's next of kin before allowing a licensed health care facility to donate the unused medications to another patient in the facility or to a nonprofit entity. Currently, medications in the possession of a facility are destroyed when the patient dies or is discharged if the facility is not able to get permission for the donation. It now moves to the Committee of the Whole.

For additional information please contact Ginny Brown at 303-815-0652 or Nicole Storm at 303 748-5310